

**NEW BUSINESS LICENSE REVIEW  
(COMMERCIAL)**

(For Office Use Only)

**Business Owner's Name :** \_\_\_\_\_ **App. License No.** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

● Previous Business Use/Name: \_\_\_\_\_

Proposed Business Use/Name: \_\_\_\_\_

Own \_\_\_\_\_ Lease \_\_\_\_\_ Business Space?

Describe Business products sold or services provided: \_\_\_\_\_

\_\_\_\_\_

Existing Zoning for this Business (See Zoning Map) \_\_\_\_\_

Area of Business Space (Length X Width): \_\_\_\_\_ Sq. Ft.

**→ Submit a Site Plan showing the basic dimensions of the lot, buildings, leased space, and parking areas. The Site Plan must be to scale of one inch to twenty feet – 1 in.=20 ft. SEE ATTACHED SITE PLAN SHEET FOR EXAMPLE. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE SITE PLAN.**

● Number of Parking Spaces for this business On-Site: \_\_\_\_\_ Number of ♿ Spaces: \_\_\_\_\_

**→ Show on the Site Plan the location and dimensions of existing/new parking spaces for this business, including ♿ spaces.)**

Will the Business Affect On-Site Traffic Circulation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**→ Show width of Traffic Aisles on the Site Plan for cars to backup without using Public Right-of-Way)**

● How Many Employees are Working in this Business Space, including owner? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

● Any Proposed, or Existing, Outside Uses at this location (Flower Stand, Espresso Stand, Etc.?) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please identify: \_\_\_\_\_

(Building Dept.)

● Will there be any construction activity to prepare the space for this business? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe: \_\_\_\_\_

● What type of businesses are adjoining this space? \_\_\_\_\_

\_\_\_\_\_

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- Will any hazardous or flammable material be used or stored in this space? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

(Engineering Dept.)

- Will there be a change in the physical layout of the property? \_\_\_\_ Yes \_\_\_\_ No. If yes, please describe: \_\_\_\_\_

- Will the proposed use generate soapy water, oily water, or pesticide residue that will be discharged into the City Storm Drainage System?

\_\_\_\_ Yes \_\_\_\_ No. If yes, please describe: \_\_\_\_\_

- Will there be any work in the Street? \_\_\_\_ Yes \_\_\_\_ No. If yes, please describe: \_\_\_\_\_

(Fire Dept.)

- Is the street address of the business posted on the outside of the building with 2 to 4 inch numbers (or larger) of a contrasting color to the background which are plainly visible from the street? \_\_\_\_\_ Yes \_\_\_\_\_ No.

(Police Dept.)

- Complete the attached "Emergency Notification Information Card". (**RETURN CARD WITH APPLICATION**)

*THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND*

*I UNDERSTAND MY BUSINESS LICENSE APPLICATION, AS STATED ABOVE, **DOES NOT AUTHORIZE OCCUPANCY OF THE SPACE AND/OR OPERATION OF THE BUSINESS AT THE ABOVE ADDRESS UNTIL:** 1) ALL NECESSARY PERMITS, IF REQUIRED, ARE FINALIZED BY THE APPROPRIATE CITY DEPARTMENTS, AND 2) A CITY BUSINESS LICENSE IS ISSUED AND POSTED AT THE BUSINESS SITE.*

\_\_\_\_\_  
BUSINESS OWNER/ APPLICANT

\_\_\_\_\_  
TITLE

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME